

Tulare County Employee Benefits Guide



HUMAN RESOURCES
& DEVELOPMENT
TULARE COUNTY

How To Reach Your Plan Providers

<u>Provider/Contact</u>	<u>Benefit Plan</u>	<u>Telephone No.</u>	<u>Website</u>
<input type="checkbox"/> Anthem Blue Cross	PPO & HMO Medical Plans	1-888-831-2238	www.anthem.com/ca
<input type="checkbox"/> Anthem Blue Cross	Employee Assistance Program	1-800-999-7222	www.AnthemEAP.com
<input type="checkbox"/> Foundation for Medical Care	PPO Medical Claims	1-599-733-3127	
<input type="checkbox"/> US Script	Pharmacy Drug Benefits	1-866-264-4161	www.usscript.com
<input type="checkbox"/> Kaiser Permanente	HMO Medical Plans	1-800-464-4000	www.kp.org
<input type="checkbox"/> Delta Dental	PPO & HMO Dental Plans	1-888-335-8227	www.deltadentalca.org
<input type="checkbox"/> Vision Service Plan (VSP)	Vision Benefits	1-800-877-7195	www.vsp.com
<input type="checkbox"/> Administrative Solutions, Inc.	Flexible Spending Accounts	1-866-777-1320	www.asibenefits.com
<input type="checkbox"/> Chimienti & Associates	Voluntary Benefits	1-599-733-1670	www.chimienti.com
<input type="checkbox"/> Great West Retirement Services	Deferred Compensation	1-800-701-8255	www.gwrs.com
<input type="checkbox"/> Human Resources & Development	Benefits Customer Service	1-599-636-4911	OEHealth@co.tulare.ca.us
	County Intranet		http://tcweb

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This guide is provided for informational purposes only and is a general overview of the provisions described in the actual plan documents. Please see the actual plan documents for the specifics of each of the benefit plans described in this guide.

Welcome!

The Employee Benefits Guide provides you with information regarding your health plan benefits for 2013. The County's bundled health plans are IRS Section 125 Cafeteria Plans and include medical, pharmacy, dental and vision. You are also eligible for Group Term Life Insurance, Long Term Disability, Flexible Spending Accounts, and Voluntary Benefit Products.

Whether you choose to enroll or waive coverage, your health plan elections are effective through December 31, 2013. Open Enrollment is your annual opportunity to change plans, add or drop dependents from coverage, elect or re-elect a Flexible Spending Account or Health Savings Account. Open Enrollment is held each in October.

This booklet contains all of the information you need to make your health plan choices for 2013. Please take time to study the materials carefully and make sure you understand the plans available to you and how they differ from one another.

Human Resources & Development (HRD) Department is committed to providing you with the benefits that promote your health and well-being. If you have any questions regarding the information contained in this booklet contact Benefits Customer Service at 559-636-4911.

New Hire Benefits Enrollment Day

Employees may complete and submit their enrollment paperwork, consult with a Chimienti & Associates enroller about the voluntary products, learn how to log on to the carrier websites, or receive assistance from Benefits personnel.

Generally held on the fourth (4th) Tuesday of your employment in the HRD Annex, the building located just west of County Human Resources & Development, *and is allowable (paid) time if you are working.*

If you haven't already done so, please call Benefits Customer Service at (559) 636-4911 to secure an appointment time.



Anthem Blue Cross HMO

An HMO, Health Maintenance Organization, is a closed network plan. You are **required to select a Primary Care Physician**, or PCP, for yourself and each member of your family on the health plan. Unlike the Anthem PPO plans, where you do not need a referral to see a specialist, the HMO plan requires that all care be accessed through your PCP. You do not have to use the same PCP for each member. For instance, you may select a pediatrician for your children and a family physician for yourself. Your PCP will be your contact for all your health needs and will refer you to specialists as needed or requested. Though this may represent less freedom than a PPO plan, the benefit level for the HMO plan is much higher, with no deductible and many services are offered without a co-pay.

If you are interested in the HMO option with Anthem and would like to find a PCP or find out if your doctor accepts HMO patients, please visit the Anthem website at anthem.com/ca and follow the "Find a Doctor" link. You can also contact HRD Benefits Customer Service for assistance. If you do not choose a PCP at the time of enrollment you will have one automatically assigned to you. You can change your PCP through Anthem customer service or the website at any time, but will need to confirm the PCP you are selecting is accepting new HMO patients.

Anthem Blue Cross PPO & HMO Plan Options

Covered Benefits:*	PPO \$0 Deductible	PPO \$500 Deductible	PPO \$1000 Deductible	PPO \$2500 HDHP**	HMO Eff. 1/1/2013
Deductible	In Network	In Network	In Network	In Network	In Network ONLY
Individual	\$0	\$500	\$1,000	\$2,500	\$0
Family	\$0	\$1,000	\$2,000	\$5,000	\$0
Out-of-Pocket Max					
Individual	\$2,000	\$3,000	\$4,000	\$5,000	\$1,000
Family	\$4,000	\$6,000	\$8,000	\$10,000	\$2,000
Co-Insurance	10%	20%	20%	10%	0%
Office Visit Co-pays	\$20	\$35	\$45	10%	\$15
Inpatient Services	10%	\$250/Admission +20%	\$1000/year+20%	10%	No Copay
Prescription Drugs'	US Script	US Script	US Script	Generic \$7 Brand \$25	US Script

Bi-Weekly Rates: Rates include medical / vision / dental (with option of PPO or HMO).

Tier	w/ DPPO	w/ DHMO	w/ DPPO	w/ DHMO	w/ DPPO	w/ DHMO	w/ DPPO	w/ DHMO	w/ DPPO	w/ DHMO
Employee Only	\$ 372.14	\$ 364.62	\$ 285.30	\$ 277.78	\$ 253.11	\$ 245.59	\$ 240.95	\$ 233.43	\$ 304.40	\$ 296.88
Employee + Spouse	\$ 738.49	\$ 725.14	\$ 565.43	\$ 552.08	\$ 500.46	\$ 487.11	\$ 476.14	\$ 462.79	\$ 537.66	\$ 524.31
Employee + Child(ren)	\$ 679.97	\$ 664.22	\$ 523.61	\$ 507.86	\$ 464.88	\$ 449.13	\$ 442.56	\$ 426.81	\$ 481.44	\$ 465.69
Family	\$ 1,120.55	\$ 1,098.44	\$ 890.57	\$ 868.46	\$ 763.54	\$ 741.43	\$ 726.48	\$ 704.37	\$ 715.57	\$ 693.46

*This is not a complete summary of benefits. Please refer to your Evidence of Coverage for more details. The summary above reflects your benefits when utilizing Anthem providers. PPO plans include a lower level of benefit when a provider outside of the Anthem network is utilized.

**All medical and Rx benefits under the High Deductible Health Plan are subject to the calendar year deductible.



Covered Benefits:	Deductible HMO Plan	HMO Plan
Deductible	In Network Only	In Network Only
Individual	\$1,000	\$0
Family	\$2,000	\$0
Out-of-Pocket Max		
Individual	\$3,000	\$1,500
Family	\$6,000	\$3,000
Hospitalization	20%	\$250/Admission
Office Visit Co-pays	\$20	\$25
Emergency Room	20%	\$100/Visit
Ambulance Services	\$150/Trip	\$50/Trip
Prescription Drugs		
Generic	\$10	\$10
Brand	\$30	\$20

Bi-Weekly Rates

Rates include medical & dental (with option of PPO or HMO).

Tier:	w/ DPPO	w/ DHMO	w/ DPPO	w/ DHMO
Employee Only	\$ 252.87	\$ 245.35	\$ 318.72	\$ 311.20
Employee + Spouse	\$ 497.70	\$ 484.35	\$ 629.41	\$ 616.06
Employee + Child(ren)	\$ 456.29	\$ 440.54	\$ 575.49	\$ 559.74
Family	\$ 746.10	\$ 723.99	\$ 943.67	\$ 921.56

Kaiser Permanente HMO offers a wide range of services and locations. Adult medicine, obstetrics/gynecology, and pediatric care, plus pharmacy and lab services...it doesn't stop with great medical care:

1. Health classes and personalized online programs
2. Complete Care programs
3. A secure electronic medical record instantly links our doctors to your health history
4. Online features let you request routine appointments, order Rx refills, and e-mail your doctor's office - all from the convenience of your home computer.

Kaiser Permanente is available **only** to employees who live or work in the eligible zip code listing. Services must be received at a Kaiser Permanente facility.

Partial Kaiser Eligible Zip Code Listing

City	Zip Code	City	Zip Code
Auberry	93602	Raisin City	93652
Biola	93606	Reedley	93654
Burrell	93607	Riverdale	93656
Caruthers	93609	San Joaquin	93660
Clovis	93611	Sanger	93657
Clovis	93612	Selma	93662
Clovis	93613	Squaw Valley	93675
Clovis	93619	Tollhouse	93667
Del Rey	93616	Tranquillity	93668
Five Points	93624	Hanford	93230
Fowler	93625	Hanford	93232
Helm	93627	Dinuba	93618
Kerman	93630	Kingsburg	93631
Laton	93242	Orange Cove	93646
Parlier	93648	Sultana	93666
Piedra	93649	Traver	93673
Prather	93651		

For a complete listing of Zip Codes, please contact Benefits at OEHealth@co.tulare.ca.us.

DeltaCare USA HMO

DeltaCare USA, a dental HMO through Delta Dental, is a new option for the 2013 plan year. Although medical, dental, and vision benefits are offered as a bundle, and cannot be elected individually, you do have the option of electing the Delta Dental PPO plan or the new DeltaCare USA HMO dental plan.

DeltaCare USA operates much like a medical HMO plan. When you enroll you will be required to select a primary care dentist within the network, if you do not make an election one will be chosen for you. You must utilize your chosen provider for all your care to obtain coverage. You may change primary care dentists via phone or internet, but cannot access services from that provider prior to making the change with DeltaCare.

This plan offering is a lower cost option than the Delta Dental PPO, and the annual benefits have no maximum. Each covered service is offered at a co-pay which is clearly outlined in the summary of benefits. There are no claim forms; you only need to pay the specified copayment for covered services at the time of your visit.

Below is a sample list of the benefits under the Dental HMO plan. This is not a complete list, please refer to the Dental Summary of Benefits for more information located on HRD's website, www.co.tulare.ca.us/HRD/Benefits.

HMO Dental Benefits	Co-pay
D0230 Intraoral - periapical each additional film	\$0
D1110 Prophylaxis - adult	\$0
D2392 Resin-based composite - two surfaces, posterior	\$30
D3330 Molar (excluding final restoration)	\$60
D4341 Periodontal scaling and root planning	\$0
D5214 Mandibular partial denture	\$95
D6750 Crown - porcelain fused to high noble metal	\$70
D7210 Surgical removal of erupted tooth	\$10
D9220 Deep sedation/general anesthesia - first 30 minutes	\$165
D9972 External Bleaching - 1 tray & gel for 2 weeks	\$125
D8080 Child Ortho	\$1700
D8090 Adult Ortho	\$1900

Delta Dental PPO

Delta Dental PPO is a preferred provider plan that allows you to save on out-of-pocket expenses when you visit a Delta Dental PPO dentist. Delta Dental Premier dentist benefits remain exactly the same. Delta's website: www.deltadentalins.com

PPO Dental Benefits	
Deductible	
Individual	\$25
Family	\$25/member
Waived for Preventive	Yes
Annual Maximum	\$1,000
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia	50%
Lifetime Max	\$1,500



Beneficiary Forms

Your beneficiary is the person to whom benefits are payable in the event of your death. It is important to name your beneficiaries to ensure that any benefits payable at your death are left to the survivors you intend.

You may name more than one beneficiary and specify the percentage that each beneficiary is to receive. Keep in mind, that if you are married, your spouse may have a legal interest in benefits payable at your death. A beneficiary designation may be subject to challenge if it will result in your spouse receiving less than his or her share of that portion of the benefit that is considered community property.

To request a Beneficiary Change Form, contact Benefits Customer Service online at OEHealth@co.tulare.ca.us.

Your Pharmacy Benefits

Available to Anthem Blue Cross Members Only.

US Script is the County's Prescription Benefit Manager. With US Script, you can purchase prescription drugs at more than 65,000 US Script network pharmacies nationwide. You may receive prescriptions through major pharmacies including (but not limited to): Walgreens, CVS, Wal-Mart, Costco, Target and in-network independent pharmacies. To locate a pharmacy you can access the website at www.usscript.com or contact Customer Service at 1-866-264-4161.

Retail 90 Network Pharmacies – This network includes such major chains as Walgreens, CVS, Wal-Mart, and Rite Aid. To begin taking advantage of US Script's Retail 90 pharmacy network, you will need to take your 90-day supply prescription and your new prescription benefit ID card to any participating location.

Mail Order Prescriptions – If you want to use a mail order program for any of your prescriptions, you can enroll on-line at www.rxdirect.com by completing the New Patient Application Form.

Co-pays	Retail (30 Day Supply)	Retail (84-90 Day Supply)	Mail (90 Day Supply)
Generic	\$10.00	\$20.00	\$20.00
Preferred Brand	\$20.00	\$40.00	\$40.00
Non-Preferred Brand	\$35.00	\$60.00	\$60.00
Specialty	30% with \$100 maximum		



Vision Benefits

Available to Anthem Blue Cross Members Only.

WellVision Exam focuses on your eye health and overall wellness

- \$10 co-payevery 12 months

Prescription Glasses

- \$25 co-pay
- Lensesevery 12 months
- Frameevery 24 months
- \$130 allowance plus 20% off balance; or

Contact Lens Care

- No co-payevery 12 months
- \$120 allowance for contacts and contact lens exam.

Primary EyeCare.....\$20 co-pay

For treatment and diagnosis of eye conditions like pink eye, loss of vision, and monitoring of cataracts, glaucoma and diabetic retinopathy.

Using your VSP benefit is easy.

- **Find the right eye care provider for you.** To find a VSP doctor, visit www.vsp.com or call **800.877.7195**.
- **Review your benefit information.** Visit vsp.com to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.** There's no ID card required. They will handle the rest—there are no claim forms to complete when you see a VSP doctor.



Group Term Life Insurance

The County provides all benefit eligible employees with Basic Life Insurance and Accidental Death and Dismemberment coverage – the policy will pay double the policy's value in the event that the insured dies as a result of an accident.

The plan includes MedEx Travel Assistance Plan which provides benefits when traveling 100 miles or more from home, such as locating medical care, evacuation/repatriation, emergency credit card, ticket or passport replacement, and missing baggage assistance.

This plan also provides a living benefit option if you are diagnosed with a terminal illness expected to result in your death. You also have the option to convert your coverage to an individual policy if you leave the County.

Group Term Life Insurance & Accidental Death & Dismemberment	
All County Employees	\$10,000
Assistant Dept. Heads	\$50,000
Executive Management	2x Salary Max of \$250,000

Long Term Disability (LTD)

LTD insurance helps replace a portion of your income if you're sick or injured and unable to work due to an injury or illness. The plan replaces up to 60% of your covered monthly earnings to a maximum monthly benefit of \$5,000 provided at no cost to you by the County. LTD benefits begin after you have been totally disabled for 60 days. This 60 day period is known as the elimination period.

To be eligible employees must be in one of the following **Bargaining Units: 7, 9, 10, 11, 14, 15, 16, 19, 20, 21, 22, 50**

Contact Benefits Customer Service for assistance in filing an LTD or Life Insurance Claim at 559-636-4911.

Long Term Disability (LTD)	
Benefit Percentage of Salary	60%
Monthly Maximum Benefit	\$5,000
Elimination Period	60 days



Employee Assistance Program

Anthem Employee Assistance Program (EAP) is a confidential service available to employees and household members – at no cost to you. Trained professionals can easily refer you to the following resources:

Face-to-Face Counseling – You and your household members are eligible for up to 6 visits for each personal situation.

Crisis Consultation – 24/7 telephone access and crisis consultation are available if you have an emergency.

Legal Assistance – You have access to legal consultations up to 30 minutes face-to-face or telephonically at no charge.

Financial Assistance – Financial professionals provide free telephonic consultation on the financial topics that are important to you.

ID Recovery – Specialists are available 24/7 to assess your risk level and then identify steps to resolve potential identity theft.

Online Program - LivingFree™ is a free 10 session, online training program which will help you learn how to break the tobacco habit.

Telephonic Coaching - Tobacco cessation coaching is a free service provided via telephone or through instant messaging.

Dependent Care and Daily Living Resources – You and your household members can obtain information on child care, adoption, summer camps, college placement relocation and more, visit (www.AnthemEAP.com)

Call toll-free at 1-800-999-7222. You can also visit www.AnthemEAP.com. Log in: County of Tulare.





Deferred Compensation

A governmental 457(b) Deferred Compensation Plan (457 Plan) is a retirement savings plan that allows eligible employees to supplement any existing retirement and pension benefits by saving and investing before – tax dollars through a voluntary salary contribution. Contributions and any earnings on contributions are tax-deferred until money is withdrawn. Distributions are subject to ordinary income tax.

The ROTH option provides the flexibility to designate your 457(b) elective deferrals as ROTH contributions. All ROTH contributions are made with after-tax dollars.

To receive more information, contact Stephanie Henry, Great West Account Executive, at 559-967-2280 or email her at stephanie.henry@gwrs.com. You may also visit the Web site at www.gwrs.com or call toll-free at 1-800-701-8255.



Health Savings Account

If you enroll in the County's \$2500 Deductible PPO (HDHP) plan you are eligible to open a Health Savings Account (HSA). Your participation in the HDHP gives you the opportunity to take advantage of this tax-sheltered arrangement to pay the cost of your routine medical expenses or to build a fund for future expenses and retirement. Under an HDHP all benefits, both medical and Rx, are subject to the deductible and you are responsible for all charges until this has been satisfied. However, you can pay these expenses with funds from your HSA account, creating a tax savings for you. Funds may be contributed to your account via pre-tax payroll deduction or directly by you with after tax dollars which can be deducted from your income when you file your tax returns. The funds in your HSA build year over year and you may use these funds to pay for any allowable expenses according to IRS guidelines, including dental and vision as well.

If you are interested in this option, please contact Benefits Customer service for more information.



Flexible Spending Accounts

A Flexible Spending Account (FSA) allows you to reimburse yourself (with your own money) for eligible Health Care and/or Dependent Care expenses - tax free. By participating in these accounts, you do not pay Federal, State, or city taxes on the money you contribute. Participation is voluntary and you may enroll only during open enrollment or when you first become eligible. Changes can only be made if you experience a change in employment or family status.

Health Care Flexible Spending Account (HC FSA) – Used to reimburse you for out-of-pocket health care expenses, including prescription medications for you and your eligible dependents. Reimbursement for over-the-counter (OTC) medications (except insulin) are no longer permitted under FSA's unless the individual obtains a prescription for the drug or medicine. The maximum amount you may elect for 2013 is \$2,500.

Dependent Care Flexible Spending Account (DC-FSA) – Used to reimburse you for out-of pocket expenses for dependent care expenses, whether for a child or an elder. This includes expenses for someone else to care for your dependent (under the age of 13 for dependent children) so you may work. The maximum amount you may elect for 2013 is \$5,000.

Any unused funds will be forfeited per Internal Revenue Service (IRS) guidelines. The IRS requires that these unused dollars be forfeited as a condition of offering spending accounts.

24 Pay Period Cycle

The health insurance rates are deducted **bi-weekly**. You will receive a paycheck every two weeks, however paychecks April 30, 2013 and October 29, 2013 will not include the Benefit Amount and no premiums will be deducted.

Deferred Compensation and Retirement deductions are taken over 26 pay periods.

Voluntary Benefits

Chimienti & Associates Insurance Services offers the following voluntary benefits through payroll deduction on a pre-tax and post-tax basis. For more information about these benefits contact Chimienti & Associates at 559-733-1670.

❖ Hospital Gap Insurance

NexStep – NexStep is a low-cost program designed to help you pay for covered out-of-pocket expenses you may incur while you are either confined in a hospital or being treated as an out-patient for an injury or an illness. This plan features two benefits; an Inpatient Benefit for up to \$1,000 and an Outpatient Benefit for up to \$1,000.

❖ Short Term Disability

American General – Disability income insurance can help you pay your bills by replacing a portion of your income – should you suddenly be unable to work due to an illness or injury. The benefit from your Disability Income insurance can help you continue to pay bills while you recover.

❖ Universal Life Insurance

Transamerica – Permanent Life Insurance with coverage lasting up to Age 100. Includes living benefit features for access to Long Term Care and Critical Illness payout. Employee Policy options are available up to \$500,000. Family coverage is also available.

❖ Group Term Life Insurance

Transamerica – Term Life Insurance featuring guaranteed renewable, very affordable 5 year level term rates. Includes a Terminal Illness Benefit that allows you to tap into your life insurance in the event of a future terminal illness diagnosis and still provide a benefit for your beneficiary. Employee Policy options are available up to \$500,000. Family coverage is also available.

❖ LifeTime Benefit Term Insurance

Fidelity Life – Unique Term Insurance with paid up life insurance coverage after 5 years of paying premiums. This money will help your family meet continuing

financial needs that would have been provided by your income.

❖ Critical Illness Plan

American General – Pays Lump Sum Benefits to you when diagnosed with Critical Conditions such as: Cancer, Heart Attack, Stroke and Renal Failure. Critical Illness Insurance can help you cover costs that may or may not be covered by your health plan. Non-medical related expenses and out-of-pocket costs such as co-pays, deductibles, loss of income, as well as experimental drug treatments are frequently not covered by health insurance. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.

❖ Cancer Insurance

American General – This Benefit provides coverage in the event an insured employee is diagnosed with cancer. It pays an initial lump-sum benefit upon diagnosis, additional benefits for hospitalization and chemotherapy, as well as cash reimbursement for cancer screenings. Annual \$50 Health Screening and \$150 Mammogram Benefits are included in this plan.

❖ Legal Plan

LegalEASE – Legal Plan gives employees the ability to talk to a Plan Attorney. Provides free and discounted legal services without worrying about high hourly costs. Examples of covered legal services: Name Change, Home Sale/Purchase, Estate Planning, Family Law Services, Identity Theft, Financial Counseling and more.

❖ 24-Hour Accident Insurance

Transamerica Life Insurance Company – The Accident Plan pays a lump sum benefit directly to the employee in the event of a covered accident. It pays benefits for emergency treatment, hospitalization, follow-up treatment, intensive care, prosthesis and more. See the Schedule of Benefits for amounts payable, definitions and limitations for each specific accident.



Coverage Effective Date

Your coverage becomes effective the first day of the month following 30 days of employment.

IMPORTANT: Your Benefit Amount and premium deductions begin on the fourth pay period, and will appear on the fourth paycheck you receive. This applies whether you enroll in or waive the County's core benefits.

Benefits Eligibility

- **Employee:** Assigned to work at least 20 hours per week, 40 hours per pay period. Extra help employees are not eligible for these benefits.
- **Legal Spouse:** The legal spouse of a covered employee.
- **Registered Domestic Partner:** An individual who is registered with the State of California as a Domestic Partner of a County Employee.*
- **Children:** A dependent child of a covered employee – the employee's biological child; the employee's adopted child; the employee's step-child; the child of the employee's covered same-sex domestic partner; or the child for whom the employee has legal guardianship, legal custody, or an interlocutory order of adoption - under the age of 26, whether or not they are full-time student or married or unmarried.
- A dependent child coverage beyond the age limit due to disability.

**For more information on Registered Domestic Partners, visit the California Secretary of State website at: www.sos.ca.gov/dpreistry.*

Pre-existing Condition Exclusions

Under the PPO Plans, no payment will be made for services or supplies for the treatment of a pre-existing condition for a six-month period. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received within a six-month period prior to your coverage under this plan. The pre-existing condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 31 days after birth, adoption, or placement for adoption.

As part of Healthcare Reform the pre-existing condition exclusions no longer applies to enrollees under age 19.

Dependent Verification

If you are **adding a dependent** to your health plan, you will be required to provide written documentation that validates the relationship of any dependents you have enrolled on your plan. Accepted forms are:

- A copy of your most recent IRS 1040 Form
- **Spouse** - Certified copy of Marriage Certificate with County Seal,
- **Domestic Partner** - Certified copy of California State Registry.
- **Birth Child or Step Child** - A Certified copy of Birth Certificate with County Seal; Court Order mandating coverage; Qualified Medical Child Support Order mandating coverage
- **Children who have been Adopted, Grandchildren, or Legal Guardianship** - Court Order showing legal responsibility for the child with the court filing information and date.

Deadline to submit eligible documentation is within 30-days from effective date.

Qualified Life Event Change

Dependents can be added or deleted during the Open Enrollment period **or** during the plan year when you experience a Qualified Life Event Change, such as:

1. Marriage or Divorce
2. Birth or adoption of a child
3. Dependent's loss of coverage
4. Retirement or termination of employment
5. Moving out of an HMO service area
6. Your spouse losing a job or becoming employed

To add or delete a dependent mid-year, you **MUST** report a change in life status within 30 days of the event by submitting a Change Request form to HRD - Benefits. You will be required to provide supporting documentation that will verify the date of the event.

Benefit Amount

The Benefit Amount is a dollar amount that the County pays employees on a pre-taxed basis to help offset the health insurance premium.

The minimum Benefit Amount for 2013 is \$253.86 if **enrolling** in a health plan. This is equivalent to 100% of the core benefit package for employee only in the Anthem Blue Cross PPO \$1000 Deductible plan. If you elect to waive the County's health plans your minimum benefit amount will be \$41.67 per pay period (24 pay periods).

Benefit Amounts vary by Bargaining Unit and Grade Step.

Waiving Coverage

If waiving the County's Health Plans, you must provide proof of other coverage to receive the Benefit Amount. Below is a list of acceptable forms verifying proof of other coverage:

1. Group Health insurance ID card.
2. Statement from another employer: On company letterhead that includes verification of coverage levels and dates of coverage.
3. Certificate of Credible Coverage: Distributed by the carrier upon enrollment in the plan; also known as a HIPAA Certificate.
4. COBRA General Notice: Must list names of the dependents that are covered.
5. Other coverage must be effective on or before your date of hire.
6. Medi-Cal : Current Notice of Action.

You will be required to provide proof of other coverage yearly.

HIPAA Privacy Notice

HIPAA requires the County of Tulare to notify you that a privacy notice is available by request from Human Resources and Development (HRD) Benefits. Please contact Benefits Customer Service at 559-636-4911 or Email: OEHealth@co.tulare.ca.us.

IRS Section 125 Plan Mandatory Enrollment

All employees **must make an election** to participate in the Section 125 Plan in order to receive their benefit amount. Employees failing to make a Section 125 plan election will be deemed not to have completed their enrollment and will forfeit their full benefit amount for the remainder of 2013 Plan Year.

ALL County employees must enroll in the County's health plan, unless:

- a) You are covered as a primary member or dependent in another qualified health plan, and
- b) You can provide proof of other coverage under one of the following criteria:
 1. Employer-provided group health plan
 2. Employer-sponsored retiree group health plan
 3. A group health plan sponsored by any branch of the US Military
 4. Medi-Cal - recipients should contact Benefits Customer Service to discuss your options
 5. Medicare

Please note, an individual personal policy is not a qualified plan and not eligible as proof of other coverage.

Wellness Program

County of Tulare promotes physical activity and healthy lifestyle choices and offers a wide array of programs and activities. Employees can learn ways to develop and incorporate healthful choices into their lifestyle through education and activity, resulting in healthier employees, improved morale, reduced absenteeism, and healthcare savings.

Each year HRD sponsors a Wellness Fair. At the Wellness Fair representatives from the medical, dental, vision, prescription and voluntary plans provide information on wellness and health care. Flu Shots, onsite mammography screening, Health Risk Evaluations, and Walking Programs are also offered throughout the year.

Required Notices

1. Grandfathered Status Notice

The County of Tulare as a participant in the SJVIA maintains a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator, Jeffrey T. Cardell, Human Resources Director, at 559-636-4900. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health Plans.

2. Women’s Health and Cancer Rights Act Notification

The Women’s Health and Cancer Rights Act (WHCRA) provides protections for mastectomy patients who choose to have breast reconstruction in connection with a mastectomy. The WHCRA applies only to those group health plans and health insurers that cover benefits for mastectomies; it does not require health plans to pay for mastectomies. But for plans that do provide coverage for mastectomies, the WHCRA requires coverage for reconstruction as well. According to the U.S. Department of Labor, the WHCRA is not limited to cancer patients; this law should cover anyone seeking reconstruction after a mastectomy for any reason.

For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

1. All stages of reconstruction of the breast on which the mastectomy was performed.
2. Surgery and reconstruction of the other breast to produce a symmetrical appearance.
3. Prostheses (e.g. breast implant); and
4. Treatment for physical complications of the mastectomy, including lymph edema.

These benefits will be provided subject to the same

deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.

NOTE: State laws may broaden Federal WHCRA rights. For complete details about your plan benefits, please read your summary plan description or contact the plan administrator:

Tulare County Human Resources 2900 W. Burrell Ave Visalia, CA 93291	Administrative Contact HRD Benefits 559-636-4911
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More information about the WHCRA may be obtained by calling the Employee Benefits Security Administration of the U.S. Department of Labor toll-free at: 1-866-444-3272.

3. Medicaid and the Children’s Health Insurance Program (CHIP)

The state has premium assistance programs that can help pay for coverage. The state funds from Medicaid or CHIP programs help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your state Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. You should contact the state for further information on eligibility. **California – Medicaid, Website:** http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx. **Phone: 1-866-298-8443.**

If you live in California, you may be eligible for assistance paying your employer health plan premiums.

4. COBRA – Consolidated Omnibus Budget Reconciliation Act

COBRA gives those currently covered under a health plan the right to choose continuation of coverage if that coverage is lost. As an employee covered under the County health plans, you and/or your eligible dependents have the right to elect and pay for continuation coverage should your benefits end for reasons such as divorce, dependent children losing eligibility, or separation of employment. When you and/or your dependents initially enroll into the County health plans, a COBRA General Notice will be mailed to your home address. This notice is intended to advise you of your COBRA rights as required by State and Federal law. Upon notification that a qualifying event has occurred, a COBRA Election Notice will be mailed to the home address. You must inform the Benefits Unit of any qualifying event and address change.